

FILED MAR 3 1947 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 1884

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** 36
(c) City or town **New Haven**
(If outside city or town limits, write "RURAL") N.R. 10
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME **August S. Riechers**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Caroline Riechers** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **November 11 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 13 hr. min.

9. Birthplace **New Haven Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Grocer**

12. Name **Hermann C. Riechers**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Wilhelmina Pruessenes**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Norman V. Riechers**

(b) Address **3930 Randall Avenue.**

17. (a) **Burial** (b) Date thereof **2/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Haven, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **FEB 24700 Washington Blvd.**

19. (a) **FEB 24 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24**
year **1947** hour **12** minute **10 A** M.

21. I hereby certify that I attended the deceased from **2-4-47**
to **2-24-47**
that I last saw him **1M** alive on **2-23-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **PULMONARY Embolism** Duration **25 hrs**

Due to **Pericardial Vein big Artery Right thigh** **17 days**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations **HERNIA / SAC**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **H. M. Webb** (M. D. or other) **M.D.**
Address **4501 A MANCHESTER** Date signed **2-24-47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 19 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Allen Davis

Licensed Embalmer No. *4053*

P. O. Address *Shaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.